

HARINGTON SCHOLARSHIP APPLICATION



St Paul's
COLLEGIATE SCHOOL

To be submitted by THE END OF TERM TWO in any given year to: The Scholarship Committee, St Paul's Collegiate School, Private Bag 3069, Waikato Mail Centre, Hamilton 3240.

PUPIL INFORMATION

Surname(s)	
Christian Name(s)	
Date of Birth (dd/mm/yy)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity	Iwi Affiliation (if relevant)
Present School	Year Level
Height	Weight

PARENT/GUARDIAN INFORMATION - FATHER

Surname(s)	Title
Christian Name(s)	Email
Street address	
Town/Suburb	City
Postcode	Occupation
Telephone (home)	Telephone (mobile/business)

PARENT/GUARDIAN INFORMATION - MOTHER

Surname(s)	Title
Christian Name(s)	Email
Street address	
Town/Suburb	City
Postcode	Occupation
Telephone (home)	Telephone (mobile/business)

Please indicate any information about the student's primary caregivers and/or their care situation which may be of relevance to the application.

AMOUNT BEING APPLIED FOR

\$			
To cover	<input type="checkbox"/> Tuition Fees	<input type="checkbox"/> Boarding Fees	<input type="checkbox"/> Other – please specify

If the scholarship application is unsuccessful would you be interested in accepting a full fee paying placement? Yes No

Please attach

- Most recent end of year school report
- Supporting letters from Referees (ie current teacher, principal, coach etc) as above
- Handwritten personal statement from student about why they wish to attend St Paul's Collegiate School and what they could contribute to life at St Paul's Collegiate School
- CV if available

Signed – Father/Guardian

Signed – Mother/Guardian

Full Name

Full Name

Date

Date